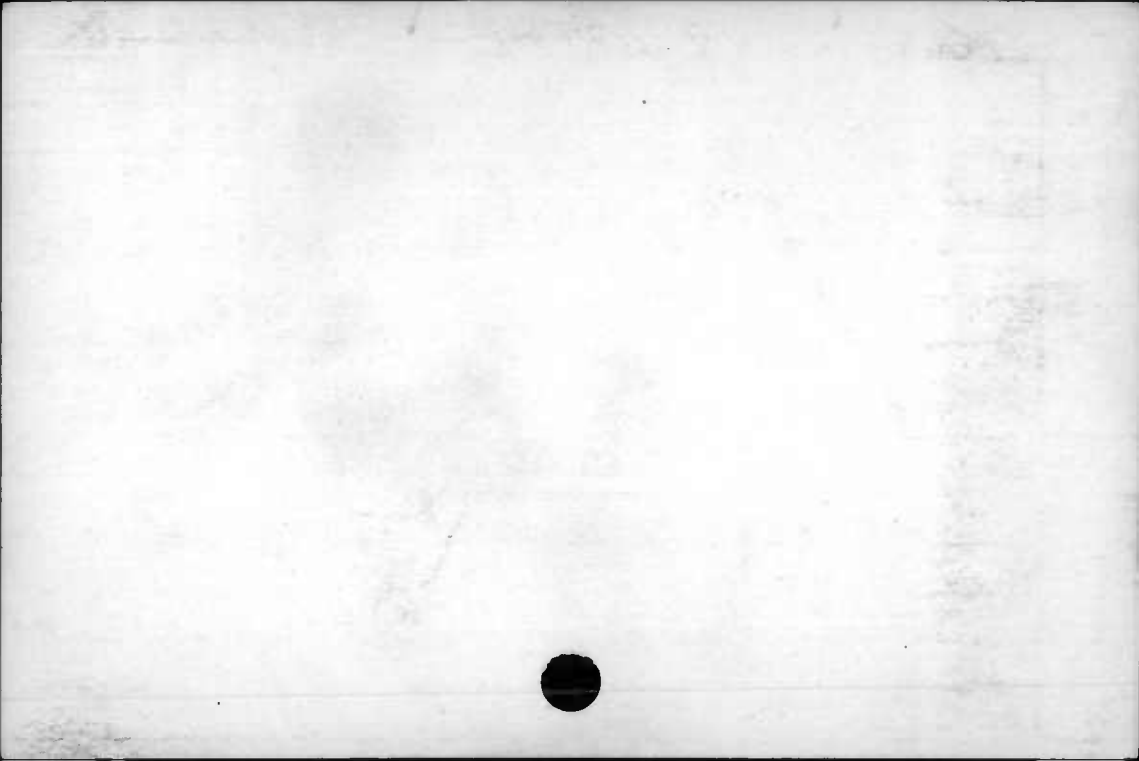


Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Suddersville		24		MARYLAND		
		Date of death		1905	Month	Nov	Day	15	Age	2
		Sex		Male		Color or Race		Caucasian		
		Occupation		Playing		Where Residing if not at place of death		Suddersville Md		
		Married, Single or Widowed		Single		Name of Wife or Husband				
		Father's Name		Louis M. Booker		Father's Birthplace		Maryland		
Mother's Maiden Name		Minnie Booker		Mother's Birthplace		" "				
Name of person giving information		Louis M. Booker		How related to deceased		Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Cold		How long		3 days		
		Immediate		Laryngeal diphtheria		How long		15 hours		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. W. Simmons		
		Address		Suddersville, Md.						
Accident or Suicide?										



Name
in
Full

Hattie Borwick

CERTIFICATE OF DEATH

Died at *Honover* Town *Ros P.O.* *Lucas* County *Honover*

MARYLAND

Date of death *1905* Month *Nov* Day *21* Age *20* Years Months DaysSex *female* Color or Race *Colored* Birth place *Lucas Hon. Co*Occupation *House wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Chas Borwick*Father's Name *Hampton Dossant* Father's Birthplace *Lucas Hon. Co*Mother's Maiden Name *Lizzie Borwick* Mother's Birthplace *Lucas Hon. Co*Name of person giving information *Chas Borwick* How related to Deceased *Husband*

CAUSES OF DEATH

Primary *Pneumonia Tuberculosis* How long *1 yr*Immediate *Household* How long

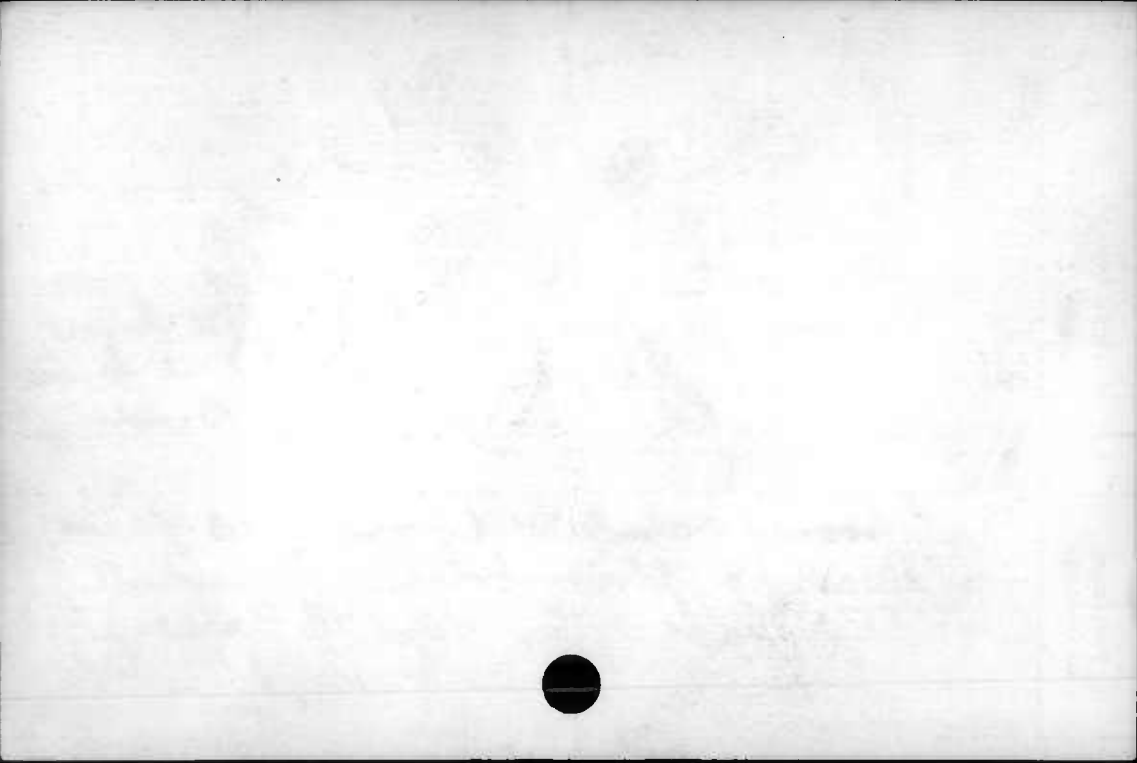
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Dr. N. J. Dudley*
Chas. Hill
*Maryland*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sewell Brooks

CERTIFICATE OF DEATH

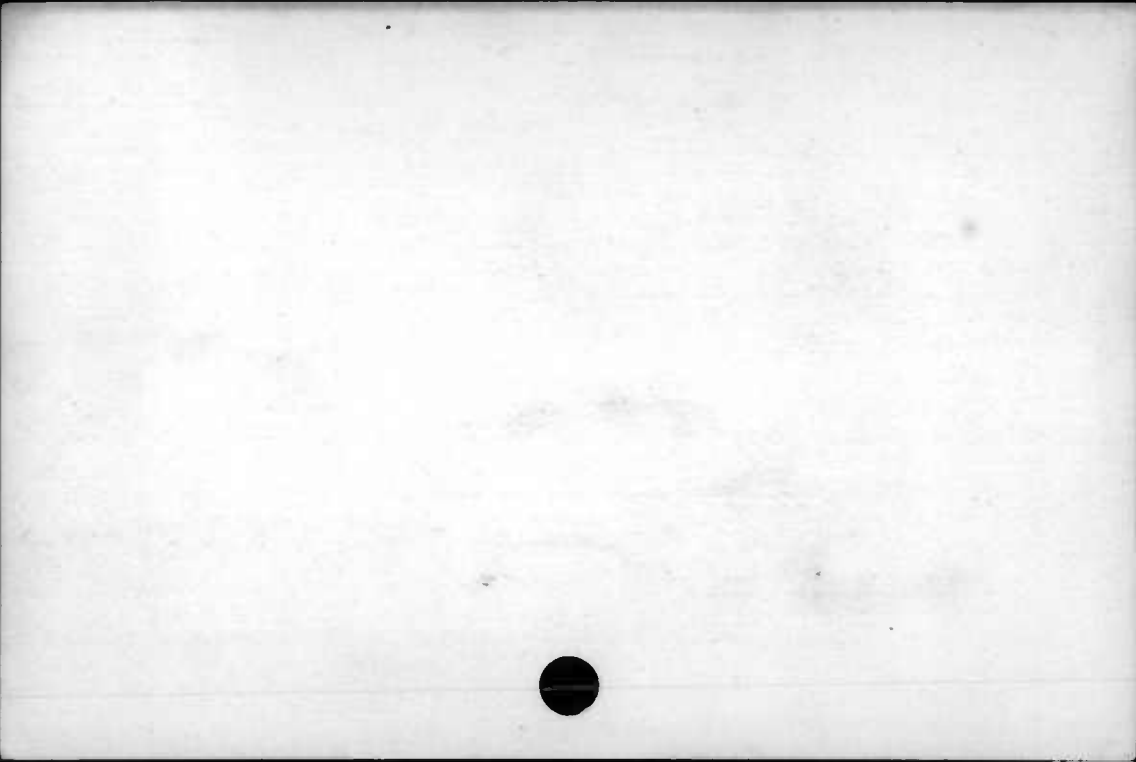
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birmingham</i>		Town <i>Green Anne</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>November</i>	Day <i>14th</i>	Years <i>81</i>	Months <i>Don't know</i>	Days <i>Don't know</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Green Anne Co.</i>			
Occupation <i>Laborn</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Rainey Brooks (dead)</i>					
Father's Name <i>Henry Brooks</i>		Father's Birthplace <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Rachel Seegar</i>		How related to deceased <i>Brother</i>					
Name of person giving information <i>Abraham Brooks</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic valvular heart disease</i>	How long <i>18 years</i>
Immediate <i>Cardiac thrombosis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H. Betson, M.D.</i>
	Address <i>Birmingham, Ind</i>
Accident or Suicide?	



Name
in
Full

Clare Brown

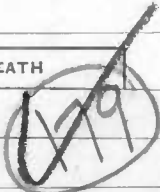
CERTIFICATE OF DEATH

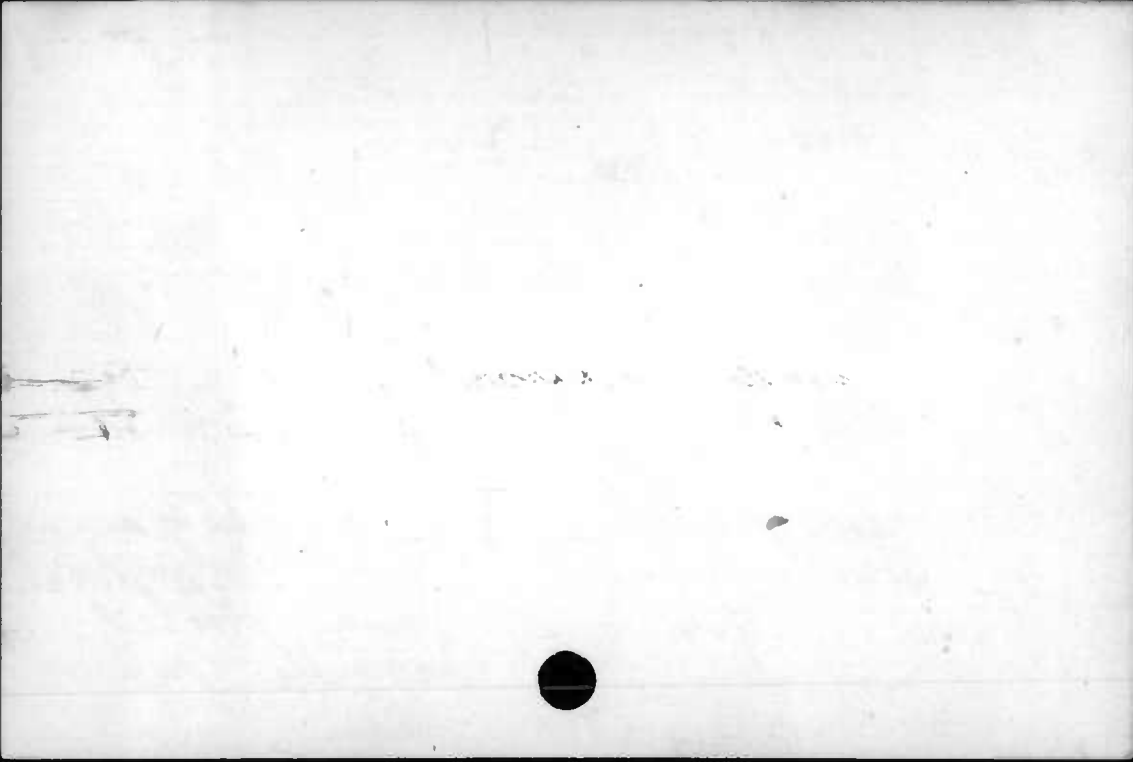
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Kent Island		2 nd County		a		MARYLAND	
Date of death	1905	Month	Nov	Day	9	Age	Years	Months	one
Sex	Female		Color or Race	Calar		Birth-place	Kent Island		
Occupation						Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	Harold Brown					
Father's Name	Harold Brown					Father's Birthplace	Kent Island		
Mother's Maiden Name	Lizzie E. Sauls					Mother's Birthplace	" " "		
Name of person giving information	Father					How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	unknown	How long	
Are the name, age, sex, color, date and place correctly given above?	<div style="text-align: center;">  </div>		
	Signature of Physician	J. C. Thomas undertaker	
	Address	Kent Island Md	
Accident or Suicide?			



Name
in
Full

Perry Brown

CERTIFICATE OF DEATH

MARYLAND

Died at *in rank* Town*Dinner Creek* CountyDate
of death 190Month
*Nov*Day
*27*Age
72

Months

Days

Sex *Male*Color or
Race *Black*Birth-
place *D. C.*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Martha Brown*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*Mrs. H. Smith*Mother's
BirthplaceName of person giving
In formation*Mrs. H. Smith*How related
to deceased *Son's law*

CAUSES OF DEATH

Primary

Pneumonia

How long

28 years

Immediate

Heart Failure

How long

*Do not know*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. Lane Smith
Centerville, Md.*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

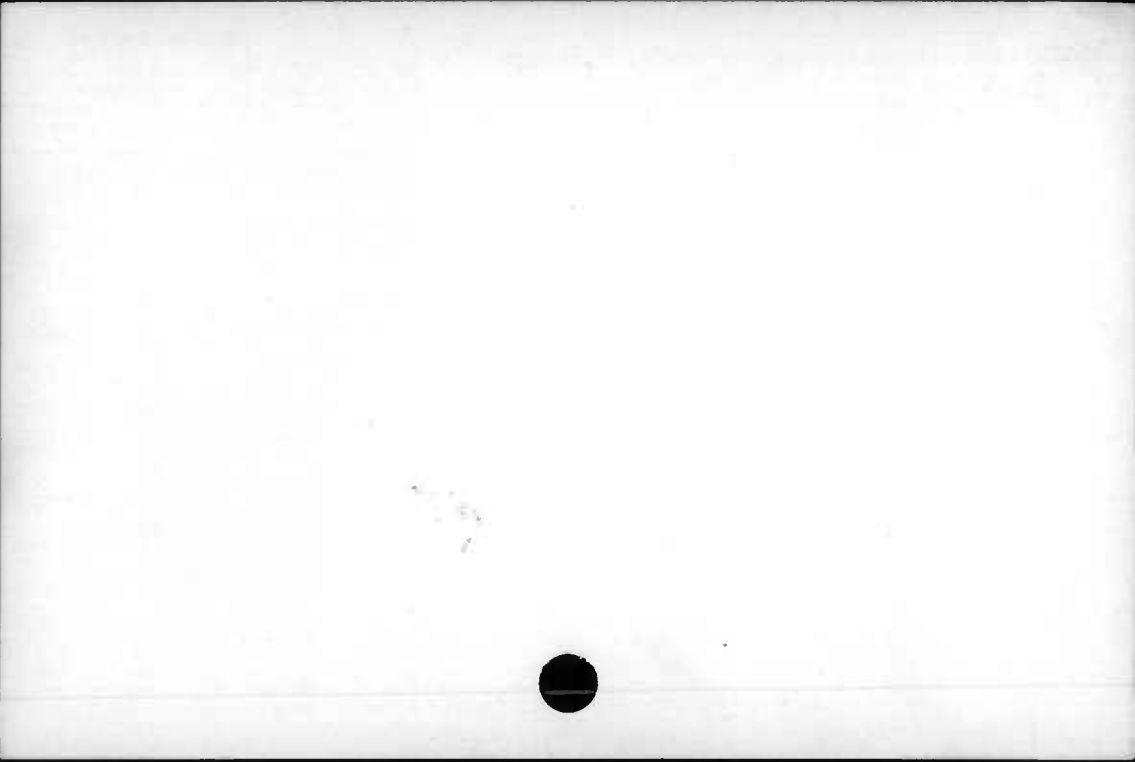
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rose L. McFarland Capel</i>		Town <i>Burnsville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Burnsville</i>		Month <i>11</i>		Day <i>17</i>		Years <i>21</i>	
Date of death <i>1905</i>		Month <i>11</i>		Day <i>17</i>		Months <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>2-d. Co</i>		Days <i>4</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Place of death <i>Place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Capel</i>					
Father's Name <i>Wm C. McFarland</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Mollie A. Bassett</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Wm C. McFarland</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Placenta Previa</i>	How long <i>13 days</i>
Immediate <i>Pyemia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm C. McFarland</i>
	Address <i>Burnsville</i>
Accident or Suicide? <i>no</i>	<i>Queen Anne Co</i>



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name *James Donovan*

County *Queen Anne's* Maryland

Town *Centerville*

Died at *Centerville*

Date of death *1905* Month *11* Day *20* Age *4* Years Months Days

Sex *male* Color or Race *Black* Birth-place *Centerville*

Occupation *Playing* Where Residing if not at place of death *Place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Mr. Donovan* Father's Birthplace *Centerville Md*

Mother's Maiden Name *Mary Taylor* Mother's Birthplace *Centerville*

Name of person giving information *Mr. Donovan* How related to deceased *Father*

CAUSES OF DEATH

Primary *Empyema* How long *6 months*

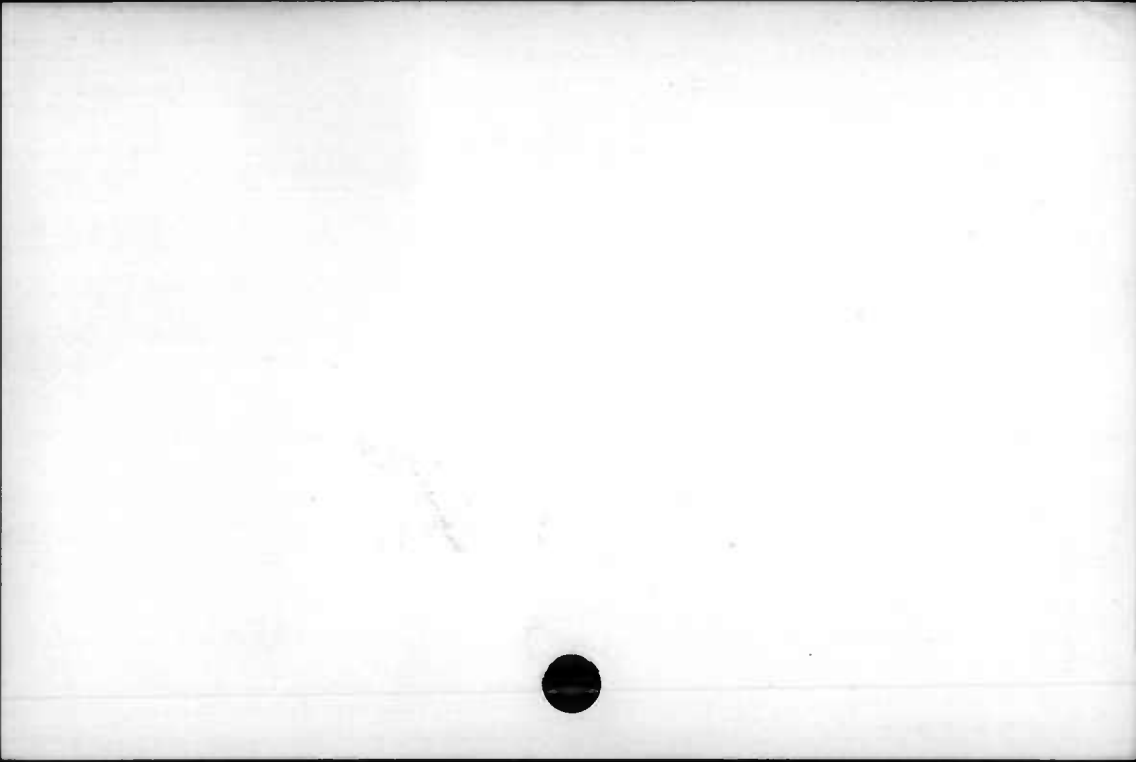
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Trace*

Address *Centerville Md*

Accident or Suicide? *No*



Name
in
Full

Mrs Mary E Golt

CERTIFICATE OF DEATH

Died at ^{Town} Kent Island ^{County} 2A,

MARYLAND

Date of death 190 ^{Month} Nov, ^{Day} 12 ^{Years} Age 60 ^{Months} ^{Days}Sex Female Color or Race white Birth-place Fredrick CoOccupation House wife Where Residing if not at place of death Kent IslandMarried, Single or Widowed Widowed Name of Wife or Husband Samuel E. GoltFather's Name John Thompson Father's Birthplace Montgomery CoMother's Maiden Name Ella S. Prister Mother's Birthplace Fredrick CoName of person giving information Mrs Annie C Smith How related to deceased Sister

CAUSES OF DEATH

Primary Cirrhosis of Liver ☒ How long 1 year
Immediate Exhaustion ☒ How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

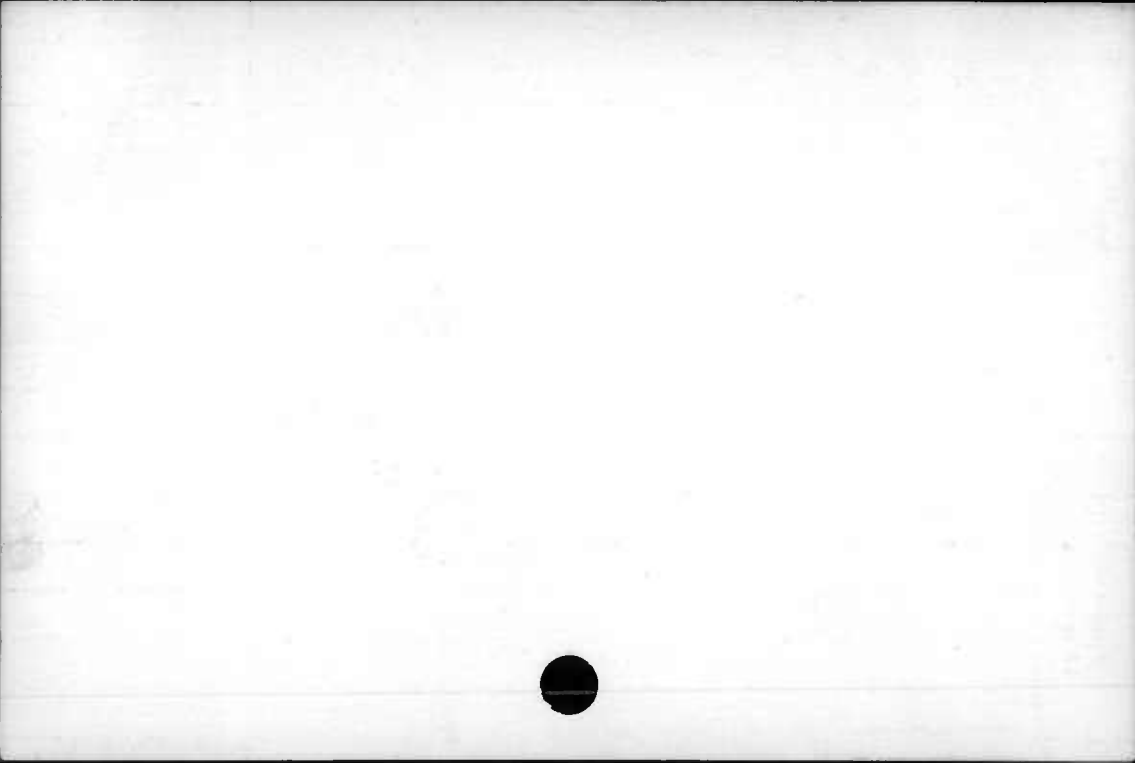
Signature of Physician

Address

Percy Kemp
Stevensville
Chd.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cambridgeville* ^{Town} *L. A.* ^{County}Date of death *1905* ^{Month} *Nov* ^{Day} *9* ^{Years} *18* ^{Months} ^{Days}Sex *Male* Color or Race *Black* Birth-place *L. A. Co*Occupation *Laborer* Where Residing if not at place of death *Centerville*Married, Single or Widowed ☒ Name of Wife or HusbandFather's Name *Wm Hawkins* Father's Birthplace *L. A. Co*Mother's Maiden Name *Kate Hawkins* Mother's Birthplace *L. A. Co*Name of person giving information *Kate Hawkins* How related to deceased *Mother*

CAUSES OF DEATH

Primary

How long

Immediate

How long

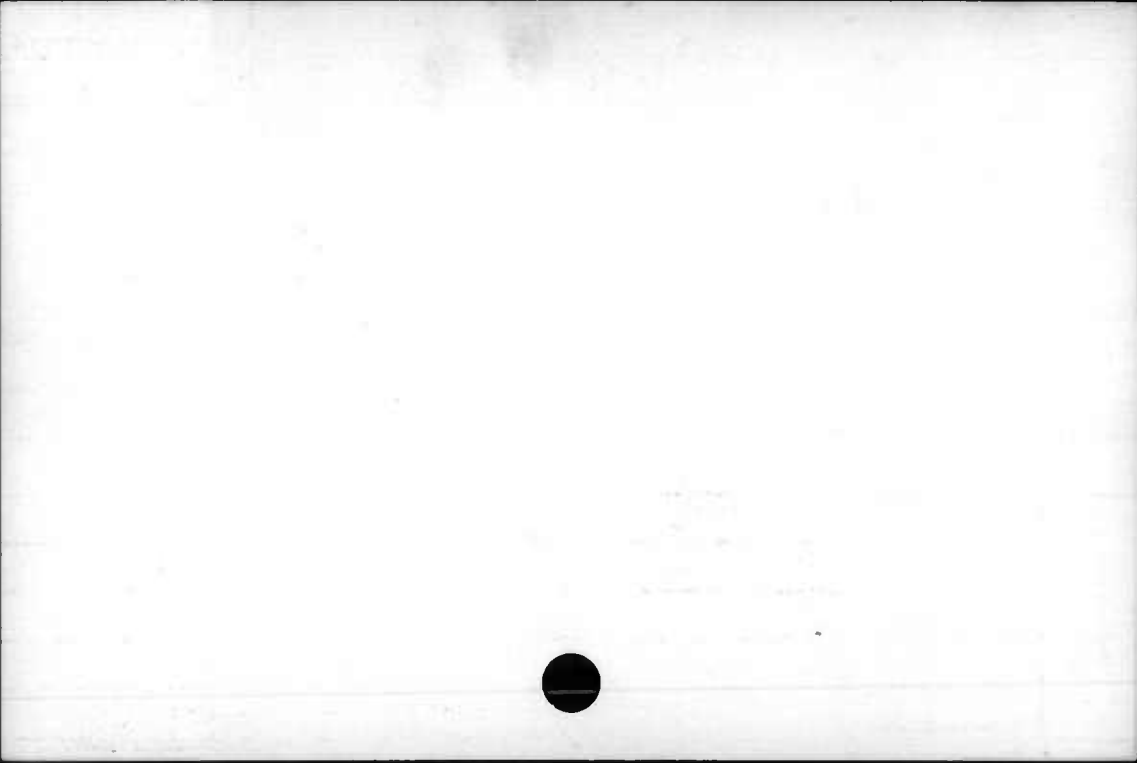
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Gaze E. Hilgord

CERTIFICATE OF DEATH

MARYLAND

Died at

Chorch Hill

Queen Anne's County

Date

of death

1905

Month

Nov

Day

7th

Age

Years

17

Months

10

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Chorch Hill

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George Hilgord

Father's
Birthplace

Queen Anne's Co

Mother's
Maiden Name

Mauda Hilgord

Mother's
Birthplace

Queen Anne's Co

Name of person giving
In formation

Robert Hilgord

How related
to deceased

None

CAUSES OF DEATH

Primary

Pneumonia, Tuberculosis
Exhaustion

How long

4 mths

Immediate

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

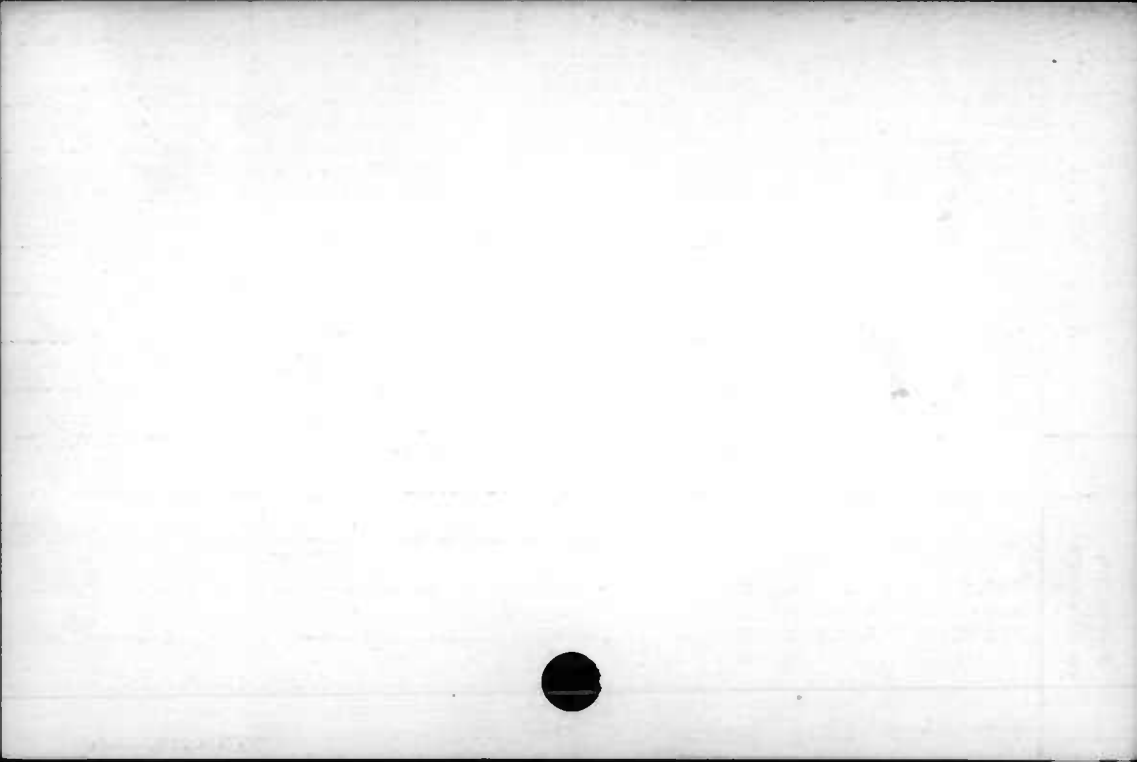
Dr. N. S. Dudley

Address

Chorch Hill
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Emanuel Holters

Town

County

Died at Alma House

Linn Ames

MARYLAND

Month		Day	Y.	M.	D.	Native of	Occupation
November		9 th	Age	60		yes	well digger
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	none		

Husband of Anna Holters

Wife

Father's Name

Mother's Name

Cause of Death	Primary	Paroxysm	How long sick 8 months
	Immediate	Heart failure	
			Accident, Suicide, Homicide

Reported by J. A. Holton M.D.

Address Centerville - Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Dewey Kirby</i>		Town <i>Brimpton</i>		County <i>Queen Anne</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>14</i>		Years <i>6</i>	
Date of death <i>1903</i>		Months <i>4</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Washington, D.C.</i>			
Occupation <i>School boy</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jas P. Kirby</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>John P. Canace</i>		How related to deceased <i>No</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun-shot wound</i>	How long <i>Immediate</i>
Immediate <i>Gun-shot wound</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H. Betts M.D.</i>
	Address <i>Brimpton, Md</i>
Accident or Suicide? <i>Accident</i>	



Name in Full **Arty Legg**
 Town **Arty** County **Seagg**
 Died at **Alma House** **2** **Armed** **MARYLAND**
 Date 19 **05** **Nov** **3** **Age** **90.** **Y.** **M.** **D.** **Native of** **2 A Co** **Occupation** **Servant**
Male **White** **Married** **Widow** **Divorced** **no History**
Female **Colored** **Single** **Widower** **Number of children living**
 Husband of **Don't know**
 Wife **Don't know**
 Father's Name **Don't know** Mother's Name **Don't know**
 Cause of Death { **Primary** **Immediate** **Old age natural decay** **154** **How long sick** **Accident, Suicide, Homicide**
 Reported by **L. A. Volton**
 Address **Centerville** **2 A Co Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Catlin's cor Queen Anns*

Town

Mary (M M)

County

Date

of death *1906*

Month

Nov

Day

22

Years

Age *still born*

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Queen Anns*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Joseph L. Massey Jr.*Father's
Birthplace*Kent*Mother's
Maiden Name*Helen M. Gooding*Mother's
Birthplace*Kent*Name of person giving
In formationHow related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

S.

Immediate

How long

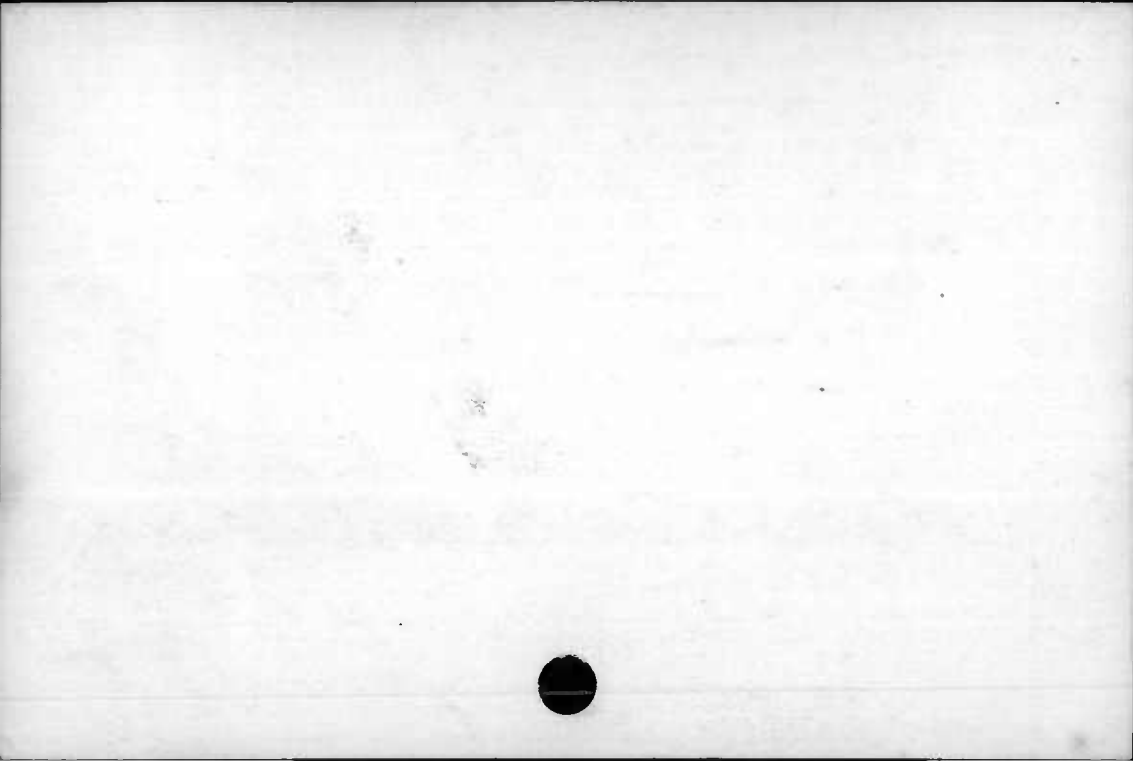
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. W. Whaland.*

Address

Lehesterton Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Jane Pfeffer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Crumpton

Queen Anne

Date

Month

Day

Years

Months

Days

of death

1905 Nov.

2nd

Age 74

2

27

Sex

Female

Color or
Race

White

Birth-
place

Atlantic Co., N.J.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Loring Pfeffer

Father's
Name

Thomas Pyon

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Annie Griffith

Mother's
Birthplace

New Jersey

Name of person giving
Information

Jonathan Pfeffer

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

12-15 yrs

Immediate

Uremia

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo H. Betts, M.D.

Address

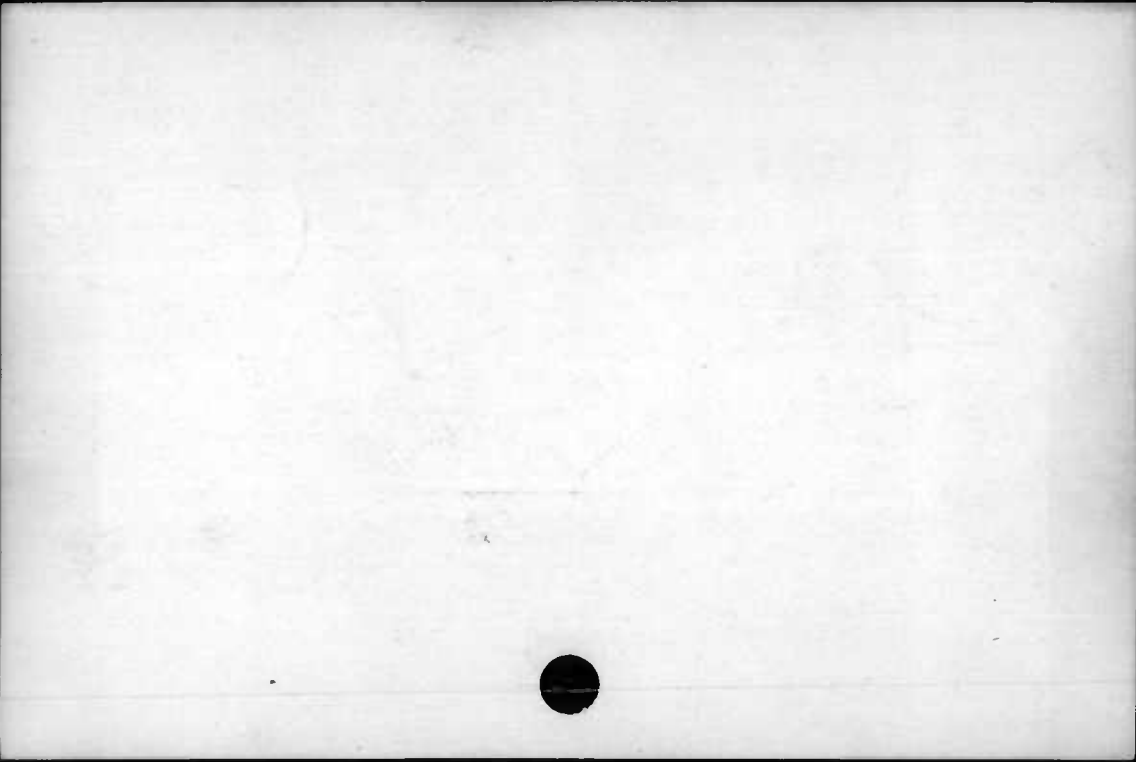
Crumpton

Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Tabitha Crice

Town

County

Died at

Alms House

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Nov 29

Age 30

22.6.

none

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

apoplexy Paralysis
Wm Lester

Accident, Suicide, Homicide

Reported by

Address

J A W. Walter

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clarence E. O. Sanders

CERTIFICATE OF DEATH

MARYLAND

Died at Hope Town

Green County

Date

of death 1905

Month

Nov

Day

10

Years

16

Age

Months

3

Days

20

Sex

Male

Color or
Race

Colored

Birth-
place

Hope, Ind.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Edward O. O. Sanders

Father's
Birthplace

Baltimore Co., Md.

Mother's
Maiden Name

Rebecca J. Foster

Mother's
Birthplace

Baltimore, Ind.

Name of person giving
Information

Edward O. O. Sanders

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

18 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

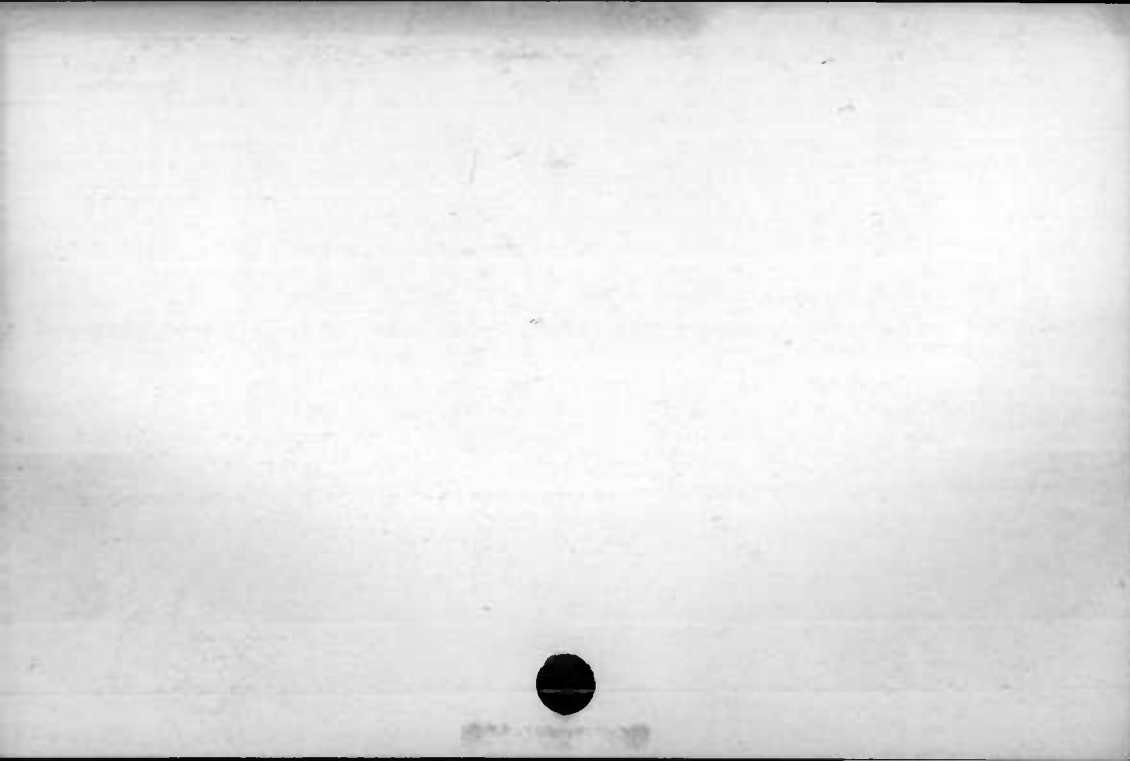
Walter H. Franby,

Address

Rutshburg, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jm J. Neilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Church Hill</i>		Town <i>near Church Hill</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>11</i>		Day <i>8</i>		Age <i>3</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>near Church Hill</i>		Months <i>3</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Playing</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Geo Neilson</i>				Father's Birthplace <i>2 A. led</i>			
Mother's Maiden Name <i>Fannie Davis</i>				Mother's Birthplace <i>2 A. led</i>			
Name of person giving information <i>Geo Neilson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Croup</i>		How long <i>2 days</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>MD W. H. R. C.</i>	
		Address <i>Church Hill</i>	
Accident or Suicide? <i>No</i>			

